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Retaining and Reclaiming Control and Autonomy in Pregnancy and Childbirth: Making Non-Normative Choices. Results of a Meta-Ethnographic Review of the Literature.

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Retaining and Reclaiming Control and Autonomy in Pregnancy and Childbirth: Making Non-Normative Choices

Results of a Meta-Ethnographic Review of the Literature

Background

Informed choice is a cornerstone of contemporary maternity care provision in the UK and remains an aspiration of Government, contributing to safe and effective maternity care. Women's and birthing peoples right to exercise choice extends to every episode of care, interaction and intervention within the childbearing continuum. The practicalities of exercising true informed choice within the NHS are constrained by national and local guidelines, authoritative knowledge and advice from obstetric and midwifery staff and societal expectations. The experiences of choice making within these parameters are understood ad well researched, however choices made which lie outside of or on the fringe of these norms are little understood, both in relation to the social processes underpinning and influencing decision making.

What is a Non-Normative Choice?

A choice made during pregnancy, birth or postnatally which might be considered against medical advice, national or local guideline, declining care, intervention or screening. May include requests for non medically indicated intervention

Systematic Review Question

“What are the views, attitudes, perceptions and experiences of women and birthing people who make non-normative choices along maternity care pathways?”

Method

Systematic review utilising a Meta Ethnographic approach to search, analysis and theory generation. 7 canonical steps guided synthesis, translation and expression, informed by eMerge reporting guidelines.

(France, et al, 2019; Nobit and Hare, 1988)

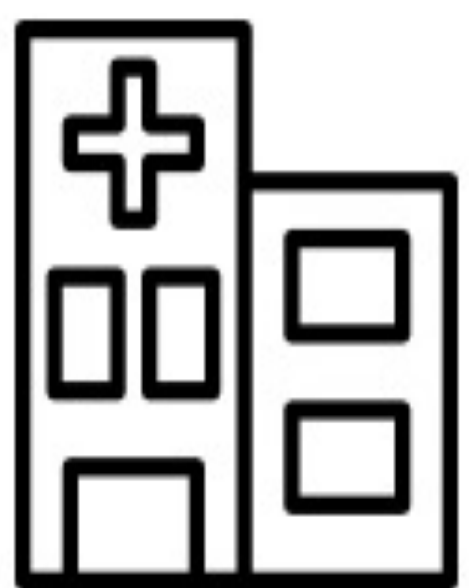
Search Results

2407 papers screened, 33 included in final analysis. Countries included UK, Ireland, Scandinavia, Australia, New Zealand.

Results of the Meta-Ethnography

Across the 33 studies, the context in which the experiences were situated fell into 5 broad categories:

1. Maternal request of Cesarean section, 2. Birth arrangements against medical advice, 3. Declining screening in whole or in part, 4. Declining recommended care, treatment or registered care givers, 5. Place of birth against medical advice. Following synthesis and translation of data, three broad interpretative themes were developed:



The Boiling Pot: Institutional and systemic barriers to and conflict over non normative choice. Subthemes included a system which was inflexible, fearful and risk averse, influencing presentation of choice or coercion to make decisions which did not reflect their individual needs. Power and control by means of policy, procedure and guideline – national or local- which, whilst purporting to be evidence based, often didn’t reflect empirical evidence and were viewed with suspicion by clients. Institutional manifestations of fear included domination of risk in discussions perpetuating an over pathologised, hegemonic biomedical model of childbirth.



Influences and Motivators: Experiences and influences for making non-normative choices were multifaceted. Fear of the childbirth process, prior personal or family pregnancy history or experiences repeating themselves, avoidance of trauma, and in some cases, retraumatisation. Individual philosophies, values and beliefs around childbirth lay the foundation for many, as well as socio-cultural influences, with many viewing pregnancy and childbearing as a rite of passage. For some, there was ambivalence towards the process, with no meaning attached to the process. Risk and safety discourse featured as a common thread throughout.



Knowledge as Empowerment: Sophisticated ways in which woman sought, engaged, evaluated and operationalised knowledge to assert control and autonomy in non-normative choice making. Risk interpretation, balancing of individual risk factors and safety were foremost in narratives . Health professionals were often far from being the main source of information, Participants across the studies articulated how this process was emancipatory and empowering, what ever decision and choice they made, ultimately using this process as an expression of retaining and reclaiming control and autonomy along the continuum.

The
Non-
Normative
Choice

Next Steps....

The results of this review have identified a gap in knowledge that my future research aims to generate an explanatory substantive theory about how women and birthing people construct their decision to make a non-normative care choice and in so doing explain the underlying processes.

Research Question: *“What are the experiences of women and birthing people who make non-normative choices along the childbearing continuum in the United Kingdom?”*

- Aims:**
1. Examine and explain why and how Women and Birthing People construct their decision to make non-normative choices (request or resist, macro, and micro choices) and the underlying processes that accompany the decisions.
 2. Gain an insight into the role diversity may play in constructing the decision to make non-normative choices

Methodology: Constructivist Grounded Theory